

Autism Study

*An Analysis of Treatment Coverage for Children with
Autism Spectrum Disorder in South Dakota*



- Two bills dealing with autism were introduced in the 2014 South Dakota Legislature, including House Bill 1257, “an act to clarify autism spectrum disorders insurance coverage.” HB 1257 passed the Health and Human Services Committee, unanimously, and the House, 57-12, and was “deferred to the 41st legislative day” by the Senate Commerce and Energy Committee.
- Senate Bill 108 passed during the 2014 legislative session and called for a study of services and insurance coverage for the treatment of **autism spectrum disorder** for children.

The Beginning



The purpose of the study was to examine three key areas:

- Accepted treatment protocols and availability of providers
- Costs of requiring insurance plans to cover autism treatment services, including costs of applied behavioral analysis
- Costs to the state for autism education and treatment services

The Purpose

Autism spectrum disorder (ASD) is a range of complex neurodevelopment disorders, characterized by:

- Social impairments
- Communication difficulties
- Restricted, repetitive, and stereotyped patterns of behavior

Although ASD varies significantly in character and severity, it occurs in all socioeconomic and ethnic groups and affects every age group.

Autism Spectrum Disorder

- The Department of Labor and Regulation and Department of Human Services developed and issued a request for proposals regarding the study in April 2014.
- In July 2014, a contract was awarded to Health Management Associates of Lansing, Mich., to complete the study.



- A final report was issued to the Governor and Legislature in November 2014: http://dlr.sd.gov/autism/documents/autism_report_final.pdf

Moving Forward

The study included:

- Four **public forums** held across the state in August 2014
 - Aberdeen
 - Pierre
 - Rapid City
 - Sioux Falls
- **Surveys** of schools and providers
- Literature **research**
- Actuarial **analysis** and cost **modeling**

The Study



- It is estimated there are **942 children with autism** in South Dakota.
- Children with autism or autism spectrum disorders (ASD) currently receive educational and health-care related services paid with state and federal funds as well as private insurance.
- For FY2014 the study estimated government expenditures of over \$25.8 million of which \$18.4 million were state funds

Key Findings

- Intensive behavioral intervention services such as applied behavioral analysis (ABA) and Early Start Denver Model as well as certain medications are the **leading evidence-based treatments** for behavioral intervention.

Key Findings

(continued)

Table 1: Interventions and Treatment Outcomes with a Moderate or High Strength of Evidence of from the Comparative Effectiveness Reviews

Intervention	Treatment Outcomes	Strength of Evidence
<i>Behavioral Interventions</i>		
Intensive Behavioral Intervention Services	Applied Behavior Analysis and Early Start Denver Model improved cognitive and language/communication	Moderate
Play or Interaction-Based	Joint attention interventions may demonstrate positive outcomes in preschool-age children with ASD when targeting joint attention skills	Moderate
Interventions to Ameliorate Symptoms	Effects of Cognitive Behavioral Therapy on anxiety reported positive results in older children with IQs greater than or equal to 70	High
<i>Medical and Related Interventions</i>		
Aripiprazole and Risperidone	Ability to affect challenging behaviors:*	1. High 2. Moderate

*Both medications have high strength of evidence for adverse side effects.

- Not all children with ASD will benefit from intensive behavioral intervention services.
- Utilization of these services varies significantly from child to child, and younger children tend to benefit more from intensive behavioral intervention services and require more hours of service.
- Annual cost estimates range by age:
 - Age 0-6: \$50,000-\$120,000
 - Age 6-14: \$25,000-\$60,000
 - Age 14-19: \$12,500-\$30,000

Key Findings

(continued)

- Intensive behavioral intervention services are generally **not currently covered** by private insurance, the state employee health plan, or Medicaid in South Dakota.



Key Findings

(continued)

Table 5: Direct Service Providers That Serve Children with ASD

Service	Autism Behavioral Consulting (Sioux Falls)	Accelerate Center for Intensive Early Intervention (Sioux Falls)	Behavior Care Specialists (Sioux Falls, Aberdeen)	Black Hills Special Services Coop (Sturgis)	Lifescape (Sioux Falls)	USD Center for Disabilities (Sioux Falls)
Diagnostics	✓		✓	✓	✓	✓
Intensive Behavioral/ Developmental Intervention		✓ (ESDM)	✓ (ABA)		✓ (ABA)	
Speech Therapy	✓	✓		✓	✓	
Occupational Therapy		✓		✓	✓	
Physical Therapy					✓	
Psychological Services			✓	✓	✓	✓
Psychiatric Services					✓	✓

- There are currently 14 Certified Behavioral Analysts with a master's degree in the state employed by six service providers.

Table 3: National Certification for Providers of Applied Behavioral Analysis and Early Start Denver Model Practitioner Functions

Practitioner Functions	Practitioner Type	National Certification Body
Applied Behavioral Analysis		
Behavioral assessments, interpretations and interventions	Holds at a minimum a master's degree in behavior analysis or other natural science, education, human services, engineering, medicine or a field related to behavior analysis and is a Board Certified Behavior Analyst (BCBA, BCBA-D)	Behavior Analyst Certification Board
With technical supervision of a BCBA, conducts behavioral assessments, interpretation and interventions	Holds a bachelor's degree in education, clinical, counseling, or school psychology, clinical social work, occupational therapy, speech language therapy, engineering, medicine or other field related to behavior analysis and is a Board Certified Assistant Behavior Analyst (BCaBA)	Behavior Analyst Certification Board
With supervision of a BCaBA, implements plans developed by supervisor, collects data, and conducts certain assessments	Has a minimum of a high school diploma or national equivalent and is a Registered Behavior Technician (RBT)	Behavior Analyst Certification Board
Early Start Denver Model (ESDM) Practitioner Functions		
Conducts developmental assessment, develops individualized teaching objectives, implements ESDM teaching practices with fidelity, maintains data	Psychologist, behaviorist, occupational therapist, speech and language pathologist, early intervention specialist or developmental pediatrician and is a Certified ESDM Therapist	University of California, Davis Continuing and Professional Education

- There are no plans to add a state certification board for providers.

- 37 other states have **passed some sort of reform laws** related to the treatment of autism spectrum disorders, including four of the six states that border South Dakota.
 - These reforms range from limited coverage programs to full insurance mandates.
 - Most states put some aggregate cap in place to limit annual costs, i.e., \$36,000 is the limit in 11 states, and \$50,000 is the limit in eight states.

Key Findings

(continued)

Coverage options:

- State employee health plan
- Medicaid
- Private insurance
 - ACA-compliant
 - Non-ACA-compliant

Key Findings

(continued)

- If the state implements an insurance mandate to require Affordable Care Act (ACA)-compliant plans to cover intensive behavioral intervention services, the state would have to pay for those costs, which is estimated to be \$4 million per year.
- If the state implements an insurance mandate to require non-ACA-compliant plans to cover intensive behavioral intervention services, private insurers would have to pay for those costs through an increased premium, which is estimated to be about \$2.50 per member per month.
- If the state implements any insurance mandate, any self-funded or government-entity health plans are exempted by federal law (ERISA), so coverage of these services would be optional.

Key Findings

(continued)

Thank you for
your time and
interest!

If you have questions, please feel free to contact:

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